

**UNITED STATES DISTRICT  
COURT**

FILED  
IN CLERKS OFFICE

2019 JUN 25 PM 4:13  
for the  
**DISTRICT OF MASSACHUSETTS**  
U.S. DISTRICT COURT  
DISTRICT OF MASS.

**PAUL JONES**

*Plaintiff*

v.

Civil Action No.: **1:19-CV-11076-  
FDS**

**DOLAN CONNLY P.C., ET AL.**

*Defendant*

**SUMMONS IN A CIVIL ACTION**

To: *(Defendant's name and address)* ALISON ORKINS  
1650 West Big Beaver RD  
Troy, MI 48084

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) --- or  
60  
days if you are the United States or a United States agency, or an officer or employee of the United  
States  
described in Fed. R. Civ. P. 12 (a)(2) or (3) --- you must serve on the plaintiff an answer to the attached  
complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion  
must be  
served on the plaintiff or plaintiff's attorney, whose name and address are:

Paul Jones  
572 Park St  
Stoughton, MA 02072

If you fail to respond, judgment by default will be entered against you for the relief demanded in  
the complaint. You also must file your answer or motion with the court.

**ROBERT M. FARRELL**

CLERK OF COURT

/s/ - **Matthew McKillop**

Signature of Clerk or Deputy Clerk

ISSUED ON 2019-05-09 14:01:54.0, Clerk USDC DMA

Civil Action No.: 1:19-CV-11076-FDS

**PROOF OF SERVICE***(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any)

ALISON ORLANDSwas received by me on (date) MAY 11, 2019.

☐ I personally served the summons on the individual at  
(place) \_\_\_\_\_

\_\_\_\_\_ on (date) \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with  
(name) \_\_\_\_\_

\_\_\_\_\_, a person of suitable age and discretion who resides there,

on (date) \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☒ I served the summons on (name of individual) Julie Moran, who is

designated by law to accept service of process on behalf of (name of organization) \_\_\_\_\_

ALISON ORLANDS on (date) 06/07/19; or

☐ I returned the summons unexecuted because \_\_\_\_\_;  
or

☐ Other (specify) :

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of  
\$ 26.00.

I declare under penalty of perjury that this information is true.

06/07/19  
Date

  
Server's Signature

Liwa Williams  
Printed name and title

12 WESTMINSTER AVE BROXMA  
Server's Address  
02119

Additional information regarding attempted service, etc:

**USPS Tracking®****FAQs >** (<https://www.usps.com/faqs/uspstracking-faqs.htm>)**Track Another Package +****Tracking Number:** 70151520000018143789

Remove X

**On Time****Expected Delivery on****MONDAY****10** JUNE 2019 ⓘ by **8:00pm** ⓘ

Feedback

 **Delivered**June 10, 2019 at 2:38 pm  
Delivered, Left with Individual  
WALTHAM, MA 02452**Get Updates** ▾**Text & Email Updates** ▾**Tracking History** ▾**Product Information** ▾**See Less** ^**Can't find what you're looking for?**



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>6-10</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>																
<p>1. Article Addressed to: <i>Julie Moran</i> <i>465 Waverly Oaks RD</i> <i>Waltham, MA 02452</i></p> <p>2. Article Number (Transfer from service label) <i>70151520000018143789</i></p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
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<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>																	

USPS TRACKING#

9590 9402 2891 7069 1241 48

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

United States Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box •

*Liana Williams*  
*79 Thompson St*  
*Springfield, MA 01109*

U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

WALTHAM, MA 02452

OFFICIAL USE

Certified Mail Fee \$3.50

Extra Services & Fees (check box, add fee as indicated)

<input type="checkbox"/> Return Receipt (hardcopy)	\$2.80
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$7.35

Total Postage and Fees \$13.65

Sent To *Julie Moran*  
Street and Apt. No., or PO Box No. *465 Waverly Oaks RD*  
City, State, ZIP+4® *Waltham, MA 02452*

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

0040 09  
HOLYOKE POST OFFICE  
Postmark Here  
JUN - 8 2019  
06/08/2019  
ALAN MCKINNS